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Application No: 09/529,653 Confirmation No: 8304  
Filing Date: June 26, 2000  
Applicant: Zou, et al.  
Group Art Unit: 1731  
Examiner: Dionne A. Walls  
Title: Ginkgo Biloba L. Leaves Cigarette

Commissioner for Patents  
P.O. Box 1450  
Alexandria VA 22313-1450

Sir:

In response to the Office communication of Notice of Non-Compliant Amendment dated 02/17/2004, the revised Amendment of Claims (two pages) is hereby respectfully resubmitted. Please consider this amendment with other portions of 02/02/2004 submission together. Applicants respectfully requests that a timely Notice of Allowance be issued in this case.

Respectfully submitted,

By:



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Jian Liu Ph.D.  
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Patent Agent for Applicants  
03/09/2004

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PTO/SB/21 (02-04)

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<p align="center"><b>TRANSMITTAL FORM</b></p> <p align="center"><small>(to be used for all correspondence after initial filing)</small></p>	Application Number	09/529,653
	Filing Date	June 26, 2000
	First Named Inventor	Zou, Tong
	Art Unit	1731
	Examiner Name	Dionne A. Walls
	Attorney Docket Number	
Total Number of Pages in This Submission		4

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <p align="center"><i>resubmission of Amendment to the claims</i></p>
<p>Remarks</p>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jian Liu
Signature	<i>[Signature]</i>
Date	03/09/2004

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Typed or printed name	Jian Liu
Signature	<i>[Signature]</i>
Date	03/09/2004

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